

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10705601
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53		4				
54		0				
55		4				
56		4				
57		4				
58		4				
59		1				
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98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.		14				
TOTAL CLAIMS		20				